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MAY 23 2005

Fax Message

TO:	Examiner Tamthom Ngo Truong
APPLICATION NO.:	10/005,133
GROUP ART UNIT:	1624
CONFIRMATION NO.:	8058
FAX:	(703) 872-9306
FROM:	Karen E. Brown
DATE:	May 23, 2005
ATTORNEY DOCKET NO.:	VPI/00-126 US
TOTAL # OF PAGES:	21

Message or Comment

Attached is the following document:

1. Transmittal Letter (3 pages, in duplicate);
2. Petition for Extension of Time (1 page, in duplicate);
3. Request for Continued Examination (RCE) (1 page, in duplicate); and
4. Amendment and Reply to Office Action (11 pages).

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 872-9306 on this 23rd day of May 2005.

Diane Valeta

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

FAX Number (617) 444-6483 Legal Department

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Attorney Docket No. VPI/00-126 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/005,133
Confirmation No.: 8058
Filing Date: December 5, 2001
Examiner: Tamthom Ngo Truong
Group Art Unit: 1624
Applicants: Mark Ledebuer et al.
For: INHIBITORS OF c-JUN N-TERMINAL KINASES (JNK) AND OTHER
PROTEIN KINASES

May 23, 2005
Cambridge, Massachusetts

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ Exhibit A; ☒ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☒ Request for Continued Examination (RCE); to be filed in the above-identified patent application.

Attorney Docket No. VPI/00-126 US

FEE FOR ADDITIONAL CLAIMS☒ A fee for additional claims is not required.☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	0	-	0	* =	1	X \$ 18 =	\$ 0.00
INDEPENDENT CLAIMS	0	-	0	** =	0	X \$ 86 =	\$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM						+ \$290 =	\$

* If less than 20, insert 20.

TOTAL \$0.00

** If less than 3, insert 3.

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.☒ Please charge \$790.00 to Deposit Account No. 50-0725 in payment of the RCE (Request for Continued Examination) and filing fee. A duplicate copy of this transmittal letter is transmitted herewith.